

CHESTERFIELD FIRE & EMS

Volunteer Firefighter Application

Applicant Information

Name: _____ Social Security #: _____

Address: _____

Phone (H) (____) ____-____ (W) (____) ____-____ (P) (____) ____-____

Date of Birth: _____

Sex: Female _____ Male _____

Membership Information

Type of membership you are interested in applying for: (circle one)

Active Firefighter

Active Junior (16-17 years)

Associate

Administrative

Auxiliary

Station that you wish to join: (circle one)

Company 1	Chester	4325 Old Hundred Road
Company 3	Bensley	2836 Dundas Road
Company 4	Bon Air	2600 Polo Parkway
Company 5	Midlothian	13420 Midlothian Turnpike
Company 6	Enon	1920 East Hundred Road
Company 7	Clover Hill	13810 Hull Street Road
Company 8	Matoaca	21500 Pickett Avenue
Company 10	Wagstaff	2101 Adkins Road
Company 11	Dale	5811 Ironbridge Road
Company 13	Phillips	10630 River Road
Company 17	Centralia	9501 Chester Road
Company 19	Winterpock	14010 Beach Road
Company 20	Courthouse	201 S. Courthouse Road

Do you possess any of the special skills below that you would be willing to share with a volunteer fire company? (circle any that apply)

Computer

Fund Raising

Public Speaking

Photography

Public Relations Recruiting

Other: (please list) _____

Please list any certifications in firefighting or emergency medical services that are current or you have previously held.

Do you have transportation to respond to the fire company for emergency calls, meetings and training?
(circle one)

YES

NO

Employer: _____

Employers Address: _____

Supervisor=s Name: _____ Phone number: _____

Have you previously applied for membership in any fire department, brigade, or rescue squad?
(circle one)

YES

NO

If yes, please provide the following information:

Organization: _____

Dates of Service: _____

Address/Telephone Number: _____

In the space provided, briefly explain why you would like to join a volunteer fire department, what you hope to gain from membership, and what you have to offer a volunteer fire company.

Please list three references who are not in your family you have known for a minimum of one year.

Name

Mailing Address

Phone

READ CAREFULLY BEFORE SIGNING

Certification of Application Information

I certify that the information I have provided to the previous questions is true and correct, and that no attempt has been made to conceal pertinent information. I understand that if any information given by me in this application is found to be false or misleading, I will be subject to dismissal at any time. I also understand that the results of my background investigation could immediately end my membership with the volunteer fire department. I agree to hold Chesterfield Fire & EMS, its officers, and personnel harmless if these events should occur.

Authorization to Obtain Information

I authorize Chesterfield Fire & EMS to conduct a background investigation in connection with my volunteer application. This investigation may include information as to my school attendance, police convictions, Division of Motor Vehicle records, employers, references, military records, and other appropriate sources.

I authorize the release of any information that Chesterfield Fire & EMS may request from the above sources. All information received by the Department will be used in accordance with applicable law.

Applicant Signature: _____ Date: _____

[Submit Form](#)